

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

20 F STREET, NW

SUITE 310 C

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20001

6704

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00325936

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Sidney Levitsky

Signature of Treasurer

Electronically Filed by Dr. Sidney Levitsky

Date

0 1

1 0

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M
1 1D D
2 3Y Y Y Y
2 0 1 0

To:

M M
1 2D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		103352.22
(b) Cash on Hand at Beginning of Reporting Period	59349.39	
(c) Total Receipts (from Line 19)	12095.00	145070.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71444.39	248422.22
7. Total Disbursements (from Line 31)	407.55	177385.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71036.84	71036.84
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9365.00	131300.00
(ii) Unitemized	2730.00	13770.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12095.00	145070.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12095.00	145070.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	12095.00	145070.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12095.00	145070.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	407.55	6385.38	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	407.55	6385.38	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	171000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	407.55	177385.38	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	407.55	177385.38	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12095.00	145070.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12095.00	145070.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	407.55	6385.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	407.55	6385.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Giorgio M. Aru

Mailing Address 153 Overlook Pointe Drive

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Mississippi

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.10268

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Simon Ashiku

Mailing Address 80 Royal View Drive

City

Walnut Creek

State

CA

Zip Code

94598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Walnut Creek Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10220

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Faisal Bakaeen

Mailing Address 2403 North Mystic

City

Houston

State

TX

Zip Code

77021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.10280

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Linda J. Bogar

Mailing Address 1632 Paper Mill Road

City

Meadowbrook

State

PA

Zip Code

19046

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Jefferson Universi-
tyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Transaction ID: SA11AI.10240

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. F. Curtis Bryan, II.

Mailing Address 314 Wildwood Dunes Trail

City

Myrtle Beach

State

SC

Zip Code

29572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Cardiovascular Su-
rgeryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.10236

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael L. Ciccolo

Mailing Address 173 Inveraray Court

City

Henderson

State

NV

Zip Code

89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
CV Surgery AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.10270

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Herbert E. Cohn

Mailing Address 1025 Walnut Street

City

Philadelphia

State

PA

Zip Code

19107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Jefferson Universi-
tyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.10241

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles D. Cousar

Mailing Address 3700 Richmond Street

City

Jacksonville

State

FL

Zip Code

32205

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT&V Surgical AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.10237

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Irving B. David

Mailing Address 5601 North Dixie Highway

City

Fort Lauderdale

State

FL

Zip Code

33334

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT Surgical InstituteOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.10271

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph M. Forbess

Mailing Address 1935 Medical District Drive

City

Dallas

State

TX

Zip Code

75235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.10242

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John G. Grieco

Mailing Address 21W302 Cresent Boulevard

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiac Surgery Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10250

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur Grimball

Mailing Address 386 Weatheridge Drive

City

Jackson

State

TN

Zip Code

38305

FEC ID number of contributing
federal political committee.

C

Name of Employer
CV Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10251

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher T. Maloney

Mailing Address 3890 North Camino Ojo De Agua

City

Tucson

State

AZ

Zip Code

85749

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10256

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John C. Myers

Mailing Address 8526 Spring Brook Road

City

Rockford

State

IL

Zip Code

61114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish American Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.10244

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jose G. O'Neill-Rivera

Mailing Address B-20 Calle Florencia

City

Guaynabo

State

PR

Zip Code

00966

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Juan VA Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10257

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Rick Peng

Mailing Address 4450 El Centro Road

City

Sacramento

State

CA

Zip Code

95834

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Permanente Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10227

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edward W. Pottmeyer

Mailing Address 2240 Court Street

City

Redding

State

CA

Zip Code

96001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Redding Cardiac & Vascular

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.10229

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Herbert Reich

Mailing Address 213 Agostino Avenue

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ellis Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10258

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John M. Robertson

Mailing Address 725 24th Street

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10259

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brian L. Tell

Mailing Address 4040 Coon Rapids Boulevard

City

Minneapolis

State

MN

Zip Code

55433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin Cities Heart & Lung

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.10282

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Norman W. Thoms

Mailing Address 5420 Southeast 37th Street

City

Tecumseh

State

KS

Zip Code

66542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10263

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. John C. Vander Woude

Mailing Address 16 Twin Oaks Estates

City

Sioux Falls

State

SD

Zip Code

57105

FEC ID number of contributing
federal political committee.

C

Name of Employer
CTV Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.10275

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alex T. Zakharia

Mailing Address 245 Harbor Drive

City

Key Biscayne

State

FL

Zip Code

33149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.10266

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

9365.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City
PhoenixState
AZZip Code
85072

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.10230

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	1	0

Amount of Each Disbursement this Period

4.95

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City
PhoenixState
AZZip Code
85072

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.10248

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	1	0

Amount of Each Disbursement this Period

6.50

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 53852

City
PhoenixState
AZZip Code
85072

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.10284

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	1	0

Amount of Each Disbursement this Period

19.50

SUBTOTAL of Disbursements This Page (optional)

30.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.10278 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	1	0												
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">47.61</td> </tr> </table>	47.61																			
47.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.10285 Date of Disbursement																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	1	0												
City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.10234 Date of Disbursement																				
Mailing Address 7300 Chapman Highway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">181.86</td> </tr> </table>	181.86																			
181.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

234.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SunTrust

Mailing Address 3440 Wisconsin Avenue, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10279

Date of Disbursement

12 / 20 / 2010

Amount of Each Disbursement this Period

117.18

B.

Full Name (Last, First, Middle Initial)

SunTrust

Mailing Address 3440 Wisconsin Avenue, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.10286

Date of Disbursement

12 / 29 / 2010

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) ►

142.18

TOTAL This Period (last page this line number only) ►

407.55